

CREDIT CARD ONLINE PAYMENT SYSTEM

These instructions apply to individuals, business, Heath Departments, Vital Records and Environmental Health when processing payments for services/permits/licenses and paying by credit card or ACH check:

1. Click on your Internet access Icon button.



2. This will bring up your home Internet page. Type <http://www.scdhec.gov/> in the address field.

Address

3. This will bring up the SC DHEC Home page. Click on the “Invoice Payment” button located under Quick Links.

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Promoting and protecting the health of the public and the environment.

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Healthy People Living in Healthy Communities


What's the Latest

- Environmental Compliance Assistance (Compass)
- Facts about Group A Streptococcus (STREP) Infections
- Rabies Vaccination Clinics
- Strategic Plan 2005-2010 (pdf)
- SC Central Cancer Registry SCAN Module
- SC Prepares: Pandemic Influenza
- 2006 List of Reportable Conditions (pdf)
- Making Sense of Mercury
- Avian Influenza - "Bird Flu"
- Influenza Information
- Annual Accountability Report (pdf)
- Tips to save gas and improve mileage from the U.S. Environmental Protection Agency (pdf)

Quick Links

- County Public Health Departments
- Data, Maps, Reports and Statistics
- Freedom of Information (FOI)
- History of Public Health
- **Invoice Payments**
- Regulation Development Update, General Notices & Listing of Department Regulations
- Restaurant Inspection Scores
- South Carolina Community Assessment Network (SCAN)
- Vendor/Procurement Information
- Vital Records (Birth & Death Certificates)

This will bring up the Invoice Payment Screen:



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General Instructions

Important Information:

- Have a copy of the invoice you received from SC - DHEC available for reference.
- Enter Invoice number
- Enter invoice amount
- Choose method of payment
- Enter payment information if paying by check
- Enter payment information if paying by credit card (Visa, MasterCard, and DiscoverCard)
- Exit the system once payment process has been completed

Contact Info.
Bureau of Financial Management
2600 Bull St.
Columbia, SC 29201
Tel: (803) 898-3450

SC Controlled Substances (CSR) Renewal:

FIRST: You must have your renewal application in hand in order to continue. IF YOU NEED A DUPLICATE RENEWAL APPLICATION PLEASE CONTACT OUR OFFICE AT 803-896-0634.

SECOND: Complete the payment information and obtain a confirmation number. PLEASE DO NOT SUBMIT DUPLICATE PAYMENTS.

THIRD: Return the completed renewal application (signature, questions, address change) and write your confirmation number on the renewal application.

FOURTH: THE CSR CANNOT BE RENEWED UNLESS YOU RETURN THE RENEWAL APPLICATION.

Please enter your Invoice Number and Payment Amount

*Invoice Number: \$ Payment Date: 12/01/2006


* Indicates required field.

Payments received after 3:00 PM (EST) will be processed the next business day.

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4. Enter the invoice number in the Invoice Number field provided. Example "VR10001-5.
5. Enter the amount to be paid in the "Payment Amount" field provided. If the cents field is left blank, the system will zero fill. If only one digit is entered in the cents field, the system will flag it as an error when you click on continue.
6. If you only have one only invoice number to pay, click "Continue". If you have additional invoices to pay click "Add Invoices.

7. This screen provides the capability to add additional invoice numbers and payment amounts. If you fill all boxes on this screen, click “Add Invoices” again. Keep clicking “Add Invoices” until you have entered all of your invoice numbers and payment amounts. Once you have finished adding your last invoice number and payment amount, click the “Continue” button.



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APPLICATION.**

Please enter your Invoice Number and Payment Amount

*Invoice Number:	AA5555	1	\$.		Payment Date:	12/01/2006
*Invoice Number:			\$.		Payment Date:	12/01/2006
*Invoice Number:			\$.		Payment Date:	12/01/2006
*Invoice Number:			\$.		Payment Date:	12/01/2006
*Invoice Number:			\$.		Payment Date:	12/01/2006
*Invoice Number:			\$.		Payment Date:	12/01/2006
*Invoice Number:			\$.		Payment Date:	12/01/2006
*Invoice Number:			\$.		Payment Date:	12/01/2006
*Invoice Number:			\$.		Payment Date:	12/01/2006

* Indicates required field.

Add Invoices

Continue>>

Cancel

Payments received after 3:00 PM (EST) will be processed the next business day.

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8. The top box reflects the “Total Invoices” entered and “Total Payments”. If the total payments entered does not match what you have, then click the “Back” button. If the “Total Payments” match, then go to the next step.
9. Select the method of payment. The system automatically defaults to “Credit Card/Debit Card”. If you want to pay by check, put the arrow on the mouse in the circle for check and click with the left button. DHEC can only except debit cards that have the “VISA“, “Discover” or MASTERCARD” logo on them
10. If the user selects the “Check” option on the Select Method of Payment screen and clicks the “Continue” button, the Checking Account Information screen displays. **Users have expressed confusion when invalid field errors appear when entering any special, non-alphanumeric characters.** A warning in red will appear above the information entry fields to explain that special characters are not permitted in the fields.

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Method of Payment

Total Invoices: 125
Total Payment: \$3500.36


Please choose a method of payment:

☒ Credit/Debit Card
☐ Check

Visa, MasterCard and Discover Card Only

<< Back Continue >> Cancel


11. This form authorizes SC DHEC to debit your checking account.



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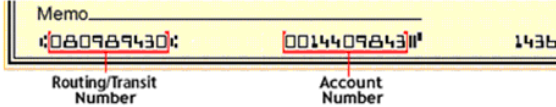
Checking Account Authorization

Payment Account Information

The following form authorizes SC - DHEC to debit your checking account. If you are uncertain about the correct account number, please contact your financial institution for clarification. Before you agree to the form, be sure to print a copy for your records.

See the illustration below to help you find the account numbers on your check.

Memo



Routing/Transit Number

Account Number

12. Enter the "Depository (Bank) Name" in this field.
13. Enter the "Routing Number" as it appears on the left side of the check at the bottom.
14. Enter the "Checking Account Number" as it appears on the bottom of the check.
15. Add the "Name" as it appears on the checking account.

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize **the State of South Carolina, DHEC**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Note: Fields must not contain special characters, including hyphens (-). Please enter only alpha-numeric characters.

Depository (Bank) Name: *

Routing Number: *

Checking Account Number: *

Name as it appears on the Checking Account: *

Date: **Friday, March 09, 2007**

* Indicates required field.

<<Previous

Continue>>

16. Once the information on this has been verified, click the “Continue”.
17. If the user selects the “Credit/Debit Card” option on the Select Method of Payment screen and clicks the “Continue” button, the Credit Card Information screen displays. **Users have expressed confusion when invalid field errors appear when entering any special, non-alphanumeric characters.** A warning in red will appear above the information entry fields to explain that special characters are not permitted in the fields.
18. Complete all the information on this screen. When typing the name of the person do not use any punctuation. When you get to the Card Type box, click on the drop down arrow and select the type of credit you are going to pay with. **DHEC only accepts VISA, MasterCard and Discover card.** Once you have completed all the information on this screen, click on the “Continue” button.
19. Confirm the payment amount. If it is correct click on the “Pay Now” button. If the payment amount is incorrect, click on the edit button and it will take you back to the payment screen.

20. If the amount is not correct click on the “Edit” button. This will take you back to the credit card screen or the ACH check screen. Once you get there you can click on the “Previous” button and the “Back” button until you get to the screen that you entered the invoice number and amount.

Credit Card Information

Visa, MasterCard and DiscoverCard Only

Note: Fields must not contain special characters, including hyphens (-). Please enter only alpha-numeric characters.

Name as it appears on Credit Card: *

Card Billing Address 1: *

Card Billing Address 2:

City: *

State: * SC

Zip Code: *

Card Holder Phone No: *

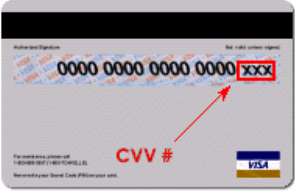
Card Type: * Visa

Card Number: *

Expiration Date: * /

CVV/CID Number: *

* Indicates required field.



Credit Card Information

Visa, MasterCard and DiscoverCard Only

Note: Fields must not contain special characters, including hyphens (-). Please enter only alpha-numeric characters.

Name as it appears on Credit Card: *

Card Billing Address 1: *

Card Billing Address 2:

City: *

State: *

Zip Code: *

Card Holder Phone No: *

Card Type: *

Card Number: *

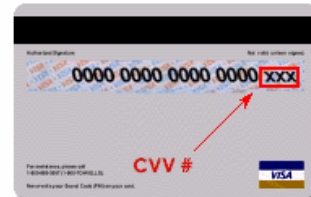
Expiration Date: * /

CVV/CID Number: *

* Indicates required field.

<<Previous

Continue>>



Confirm Payment Amount

Name as it appears on Credit Card:

Card Billing Address 1:

Card Billing Address 2:

City:

State:

Zip Code:

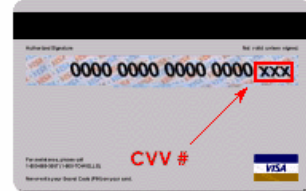
Card Holder Phone No:

Card Type:

Card Number:

Expiration Date: /

CVV/CID Number:



Invoice Number: DC56931 - 9

Amount Paid: \$125.00

Total Amount Paid: \$125.00 **Date Paid:** 02/15/2007

Payments received after 3:00 PM (EST) will be processed the next business day.


If credit card information or payment amounts are incorrect, click Edit to make changes.

If all information is correct, click Pay Now.

Pay Now

Edit

21. If everything is correct click on the "Pay Now" button.



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Name as it appears on Credit Card

First Name M.I. Last Name

OR:

Business Name

Card Billing Address 1:

Card Billing Address 2:

City:

State:

Zip Code:

Card Holder Phone No:

Card Type:

Card Number:

Expiration Date: /

CV V/CID Number:

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Invoice Number: AA55555 - 1	Amount Paid: \$ 211.75
Invoice Number: BB55555 - 2	Amount Paid: \$ 211.75
Total Amount Paid: \$423.50	Date Paid: 3/30/2005

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THIRD: Return the completed renewal application (signature, questions, address change) and write your confirmation number on the renewal application.

FOURTH: THE CSR CANNOT BE RENEWED UNLESS YOU RETURN THE RENEWAL APPLICATION.

Confirmation Number: WGY15UB2Y8

To print your Confirmation Number for your records click **Print**

To finish please click **Exit**

22. This screen provides you the confirmation number. **Click on the print button and the system will print a receipt for the client.** Once you print this screen, then click on exit to get out of the system. When you click exit it will take you back to the DHEC web page.

23. In the event that a reversal of the charge is necessary because the client did not receive the service or they decided that they didn't want the service, you would need to call the Bureau of Financial Management at (803) 898-3460 to have the reversal done.

This completes the procedures for processing credit card payment and check payments using the Online Payment System.